

Heroin: Just the Facts



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What is heroin?

Heroin (diacetylmorphine) is the most abused, most rapidly acting of the opiates or narcotics. A derivative of the opium poppy, heroin was first synthesized as an alternative to morphine in 1874, but was banned in 1924 because of its highly addictive nature. Heroin is currently classified as a Schedule 1 substance with significant penalties for possession, distribution, and use. Abused for the heroin “rush,” the drug has profound effects on the brain by activating the pleasure centers, interfering with the brain’s ability to feel pain, and depressing the central nervous system.

Who uses heroin?

Heroin users come from all walks of life and all ethnicities, including the young and old. In recent years, the glamorization of the “strung out” look in popular music and fashion has made heroin seem “chic” or the “in” drug to try among youth and young adults. Some users even mistakenly believe that heroin is not addictive if they snort or smoke heroin, or if they use heroin on the weekends. Rising purity along with inexpensive and plentiful supplies of heroin have made this drug attractive to a new group of users. Cocaine/crack addicts are another segment of users that use heroin to moderate the negative effects of crack/cocaine use.

What does heroin look like?

Pure heroin consists of a white powder with a bitter taste, but pure heroin is not commonly found on the street. Because of the presence of additives and impurities, most heroin consists of a white to dark brown powder. Heroin is often combined or “cut” with sugar, starch, powdered milk, quinine, and, less often, with strychnine, to reduce purity and create more heroin to sell. In Texas, the most common forms are Black Tar and Mexican Brown heroin. Because of slightly different manufacturing processes, Black Tar heroin ranges from a sticky, brown tar-like substance to something resembling black coal. Mexican Brown heroin consists of a pinkish-brown powder, with brown flecks and/or white particles. Mexican Brown is often a combination of Black Tar heroin that has been combined or “cut” with another substance. As of 1997, supplies of South American and Asian heroin are less commonly found in Texas. Slang terms for heroin include dope, big H, dr. feelgood, smack, horse, anti-freeze, dirt, beast, doa, mud, brown sugar, chiva, china white, Mexican brown, junk, black tar, beast, chase the dragon, monkey water, la buena, harry, and cotics.



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How is heroin used?

Heroin is most often injected intravenously, also called “mainlining” for a quick and potent high, but there is a rising segment of young users who sniff, snort, and smoke heroin to avoid the dangers of using needles. Heroin that is smoked is known as “chasing the dragon.” The drug is often used in combination with other illicit drugs, especially cocaine/crack, benzodiazepines (Valium), and alcohol. Some users snort alternate lines of heroin and cocaine, known as “crisscrossing,” or inject the two drugs as a “speedball.” There are also reports of users sniffing liquefied heroin intranasally by using a nasal spray bottle, a practice known as “shabanging.”

What kind of drug paraphernalia do injecting heroin users have?

An “outfit” or “rig” consists of an injecting user’s supplies. Supplies vary but usually consist of a spoon or bottle cap to cook the heroin; syringe or needle to inject the mixture; a tourniquet or towel to identify a vein for injecting; cotton; and matches to heat and dissolve the heroin in water. Sharing rigs is a common method for transmitting the HIV virus that causes AIDS. In New York City, some 46 percent of AIDS cases are due to sharing needles. In Texas in 1997, 23 percent of AIDS cases were transmitted due to needle sharing.

What are heroin’s short-term effects?

Depending on the route of administration, users may begin to feel a “rush” within seven to eight seconds if injected intravenously and within 10-15 minutes if snorted or smoked. The “rush” begins as a warm flushing of the skin, dry mouth, watery eyes and runny nose, constricted pupils, and a heavy feeling in the extremities accompanied by nausea, vomiting, and severe itching. The euphoric feelings are followed by drowsiness, clouded mental function or stupor, decreased respiration and heart beat, and feelings of well being that may last four to six hours.

How much heroin is too much?

Rising levels of drug purity in combination with by-products and impurities inadvertently created in the manufacturing process can lead to adverse reactions and overdoses in new and in chronic users. Combinations of heroin and other central nervous system depressants like alcohol can intensify the effects by slowing the heart and breathing so much that they stop. Overdose victims may be unconscious with pinpoint pupils, depressed breathing, and clammy skin. They may go into a coma or even die. If an overdose victim is promptly given medical care, emergency medical physicians can administer Narcan (naloxone) to reverse heroin’s depressant effects and/or give mechanical assistance to breathe and maintain heartbeat.

What are heroin’s long-term effects?

The long-term effects of heroin are severe addiction and withdrawal, collapsed and scarred veins, bacterial infections, infection of heart lining and valves,



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abscesses or boils, arthritis or other rheumatologic problems, liver and kidney diseases, increased risk of pneumonia and tuberculosis, and other infectious diseases. Injecting drug users are at particular risk of infection with HIV, the virus that causes AIDS, and hepatitis, a liver disease. Both diseases are spread by sharing needles, using unsterilized drug paraphernalia, and participating in risky sexual behavior.

Does heroin affect pregnancy?

Yes. Pregnant heroin users risk miscarriages, premature births, and stillbirths. Infants who do survive are born addicted to heroin and exhibit severe withdrawal symptoms. And, heroin use can disrupt a woman's menstrual cycle so much that she may not even be able to recognize a pregnancy.

Is heroin addictive?

Yes. The onset of addiction is rapid and severe no matter which method is used to consume heroin. Even "recreational users" who limit their use to weekends are not immune from the threat of addiction. Heroin addicts will "crave" more of the drug and experience withdrawal symptoms if they do not get their regular "fix" or dose. Heroin abusers may lose interest in daily activities and report loss of energy and boredom. They may have a hard time limiting their use, may build a tolerance to the drug requiring larger amounts of the drug to get the same effect, and may develop problems with their jobs and personal relationships. Like other drug addictions, heroin can become the most important aspect of their lives. Heroin addicts often have habits that cost \$100-\$200 a day, which can cause addicts to quickly turn to lives of shoplifting, burglary, theft, drug dealing, and prostitution to support their habits.

What are the symptoms of withdrawal?

Physical withdrawal symptoms peak within 24 to 48 hours and subside within a week, although some addicts have experienced withdrawal symptoms for several months. Withdrawal symptoms can include appetite loss, insomnia, severe muscle and bone pain, sweats, chills, panic, tremors, nausea, vomiting, diarrhea, cramping, panic, and depression. Users going through withdrawal also exhibit elevated blood pressure, pulse, respiration, and temperature.

How long does heroin stay in the user's body?

After a single injection, heroin can be detected in the blood for as long as 48 to 72 hours. Detection times vary depending on the amount used, method of administration, and duration of use. Needle users can also be detected by the "track marks" or scarring on the veins that remains from injecting heroin.

Does treatment for heroin addiction work?

Heroin addiction is a chronic, relapsing "brain disease" characterized by compulsive drug seeking and use as a result of chemical changes in the brain. Long-term use of opioids like heroin can alter the brain's chemistry to the point that the individual may have very long term and possibly permanent craving



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for heroin. In cases like these, synthetic, long-acting narcotics such as methadone, which is an endorphin replacement medication, will be needed for long-term treatment. Methadone is given to addicts to simultaneously block the “rush” and eliminate withdrawal symptoms. Researchers have found that long-term use of methadone can be safe, and can help those struggling with recovery to lead normal lives. With the combination of behavioral and drug therapies, heroin abusers can recover.

Are adolescents at-risk?

Yes. Teens and young adults may not be aware of the dangers of using heroin, especially the threat of addiction and overdose. Aggressive marketing from drug dealers has made heroin readily available and more pure in attempt to “hook” new customers. These rising purity levels are especially dangerous because they can cause unexpected overdoses and the rapid onset of addiction.

How are people usually introduced to heroin?

Many young people are introduced to heroin by their peers—usually acquaintances, friends, and siblings. People often try drugs like heroin because they feel peer pressure. They may think it’s cool to use because heroin has been glamorized in the entertainment and fashion industries. They may even think that smoking and/or snorting heroin is a “safe” method to ingest heroin. Unfortunately, any route of administration, even so-called “recreational use,” can result in overdoses and addiction.

What can parents and communities do?

Prevention efforts must begin early to improve factors which help protect children and reduce their risk of becoming involved in drug use and drug problems. Before reaching adolescence, children need to receive the support, guidance, and opportunities to develop healthy bonds with healthy parents, schools, and communities. Parents can help by becoming informed and by talking to their teenagers about drug use. TCADA researchers have found that participation in extracurricular activities, the expression of parental disapproval of using drugs, and parental attendance at school events are associated with less drug experimentation. Communities can help by decreasing the availability of drugs, promoting drug-free homes and environments, and by supporting drug use prevention programs.

Who should I contact if someone close to me has a problem with heroin?

Contact the Texas Commission on Alcohol and Drug Abuse’s toll-free hotline at (800) 832-9623 or your local Council on Alcohol and Drug Abuse for referral assistance. You may also contact your family physician, hospital, or yellow pages for other intervention and treatment options.



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For more information, contact the following sources:

- Your region's TCADA Prevention Resource Center. Dial toll-free (888) PRC-TEXX to be connected to the center nearest you.
- Your local Council on Drug and Alcohol Abuse.
- Your local public library.
- Other sources can be found in the yellow and blue pages of your phone book under "Drug Abuse."

Access reliable information instantly from the Internet from the following sites:

- The National Clearinghouse for Alcohol and Drug Information's home page has information on Rohypnol, GHB, and other substances of abuse. <<http://www.health.org>>
- The National Institute on Drug Abuse has national statistics and the latest research findings available. <<http://www.nida.nih.gov>>
- The Partnership for a Drug-Free America has a drug database to help parents identify specific drugs, their effects, and drug paraphernalia. <<http://www.drugfreeamerica.org>>



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